

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO

Jamal Murray
(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)

IF THE PLAINTIFF IS A PRISONER: PRISONER # 638406

1:14CV168

J. BLACK

vs.
State of Ohio - Dept. of Corrections Et. Al.
(ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)

M.J. LITKOVITZ

IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:

Lebanon Corr. Inst.; Warden

Lebanon Corr. Inst.; Medical Dept.

John Doe Witnesses - Defendants

Jane Doe Witness - Defendants

RECEIVED

FEB 21 2014

JOHN P. HEHMAN, CLERK
CINCINNATI, OHIO

COMPLAINT

I. PARTIES TO THE ACTION:

PLAINTIFF: PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED.

Jamal Murray #638406
NAME FULL NAME PLEASE - PRINT

Lebanon Corr. Inst.
ADDRESS: STREET, CITY, STATE AND ZIP CODE

Lebanon Ohio 45036

TELEPHONE NUMBER

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

IF YOU ARE A PRISONER FILING A CIVIL SUIT THE FOLLOWING INFORMATION IS REQUIRED:

PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES () NO (x)
- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

1. PARTIES TO THIS PREVIOUS LAWSUIT

PLAINTIFFS:

N/A

DEFENDANTS:

N/A

2. COURT (IF FEDERAL COURT, NAME THE DISTRICT: IF STATE COURT, NAME THE COUNTY)

N/A

3. DOCKET NUMBER

N/A

4. NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED

N/A

5. DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)

N/A

6. APPROXIMATE DATE OF THE FILING OF THE LAWSUIT

N/A

7. APPROXIMATE DATE OF THE DISPOSITION

N/A

PLACE OF PRESENT CONFINEMENT

A. IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?
YES (☒) NO ()

B. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE PRISONER GRIEVANCE PROCEDURE? YES (☒) NO ()

C. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

Filed Informal Complaint
Filed Grievance

2. WHAT WAS THE RESULT?

ANSWERED Grievance; Stated that
I was not consistent with taking
medication.

D. IF YOUR ANSWER IS NO, EXPLAIN WHY NOT.

N/A

E. IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID YOU COMPLAIN TO PRISON AUTHORITIES? YES (☒) NO ()

F. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

Filed Grievance AFTER Filing of
Informal Complaint

2. WHAT WAS THE RESULT?

N/A

DEFENDANTS:

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1. Dept. of Rehabilitation Corr. Et. Al.
NAMES - FULL NAME PLEASE
1050 Freeway DR. Columbus Ohio
ADDRESS - STREET, CITY, STATE AND ZIP CODE
2. Lebanon Corr. Inst Medical Dept.
Lebanon Ohio 45036
3. _____

4. _____

5. _____

6. _____

IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

ON 12/8/2011, I RECEIVED MY BLOOD WORK RESULTS BACK. THE RESULTS INDICATED THAT MY TEST RESULTS WERE NOT IN THE NORMAL RANGE AND THAT I NEEDED TO SEE THE DOCTOR. I WAS NOT PERMITTED TO SEE OR CONSULT WITH THE DOCTOR, NOR WAS ADDITIONAL TEST DONE ON ME TO MAKE SURE I WAS NOT CLOTTING. IN JANUARY OF 2012, I STARTED TO HAVE SEVERE HEADACHES. ONCE AGAIN I STARTED PUTTING IN MEDICALS REQUEST FORMS TO SEE THE DOCTOR. I WAS REPEATEDLY TOLD NOTHING WAS WRONG WITH ME. I WAS GIVEN I.B. PROFFER AND WAS SENT BACK TO MY CELLBLOCK. I TOLD THE MEDICAL STAFF THAT I COULD NOT EAT, I COULDN'T SLEEP OR ANYTHING ELSE BECAUSE OF THE INTENSE PAIN I WAS CONSTANTLY IN. MEDICAL STAFF CONTINUED TO GIVE ME I.B. PROFFER AND RETURN ME TO MY CELLBLOCK. THE PAIN WAS EXCRUCIATINGLY UNBEARABLE AND THE I.B. PROFFER DID NOT HELP AT ALL. I WAS MADE TO SUFFER FOR OVER A MONTH WHICH... ALMOST COST ME MY LIFE! THE 1ST WEEK OF FEBRUARY I WAS TAKEN OUT OF THE INSTITUTION AFTER I PASSED OUT TO THE LOCAL HOSPITAL. IT WAS DISCOVERED THAT I HAD A BLOOD CLOT BEHIND MY EYE.

SEE ATTACHED COPY PLEASE

Statement of Claim Continued

When I finally made it to the Hospital i.e., O.S.U. Hospital on 2/7/2012 my I.R.N. Level was at 1.4, which caused the clot in the first place.

The medical staff was put on notice on 12/18/2011. This notice alerted the medical staff that there was a problem with my blood work. However, the medical department failed to follow up, which constitute negligence!

I ended up remaining to the Hospital for over a month, as well as, suffering excruciating pain. I lost temporary eyesight in one of my eyes. This also violate the Folsell Agreement.

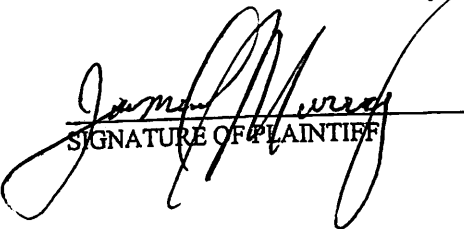
This act of negligence resulted in violating my Eight Amendment Constitutional Right. Freedom from cruel and unusual punishment.

RELIEF

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

I would like for the Court to Review the Record of evidence. As narrated in my Complaint. I would like for a methodology to be created that will ensure proper medical treatment. Without undue delay I will like to be compensated for the pain, suffering, and stress I've undergone. As well as, for the loss of my vision/eyesight. I am now legally blind as a consequence of this experience, and would like to be compensated as a consequence of this disability.

SIGNED THIS 10th DAY OF February 2014.


SIGNATURE OF PLAINTIFF